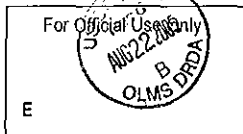


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>16000</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>THOMAS</u> <u>WHITE</u> P.O. Box, Bldg., Room No., if any Street <u>4201 E. BONANZA ROAD, SUITE 101</u> City <u>LAS VEGAS</u> State <u>Nevada</u> ZIP Code + 4 <u>89110-6101</u>	4. Name, file number, and address of labor organization. Name <u>SOUTHERN NEVADA LABORERS LOCAL 872</u> Labor Organization File Number <u>011013</u> P.O. Box, Building and Room Number, if any Street <u>4201 E. BONANZA ROAD, SUITE 101</u> City <u>LAS VEGAS</u> State <u>Nevada</u> ZIP Code + 4 <u>89110-6101</u>
5. Position in labor organization. <u>BUSINESS MGR SECRETARY TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Thomas White</u>	On <u>8/15/05</u> Date	<u>702-952-4440</u> Telephone Number

File Number U.

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

\$783

Name of Person Filing THOMAS WHITE	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 H&W Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 01/13/04 ADVANCE FOR ORLANDO FLORIDA CONFERENCE.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$215</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 H&W Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 04/12/04 REIMBURSEMENT FOR LIUNA TRI FUND, AIR FARE, CAR RENTAL, HOTEL, DAILY EXPENSE.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$205</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 H&W Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 09/02/04 ADVANCE FOR NEW ORLEANS CONFERENCE.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$600</div>

Name of Person Filing THOMAS WHITE	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 H&W Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 10/19/04 PAID DIRECTLY TO THE IFEBP, HAWAII CONFERENCE & HOTEL DEPOSIT.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$563</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 PENSION A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 01/13/04 REIMBURSEMENT FOR IFEBP SAN DIEGO, AIR FARE, CAR RENTAL, HOTEL, DAILY EXPENSE.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$892</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 PENSION A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 01/13/04 ADVANCE FOR ORLANDO FLORIDA CONFERENCE.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$245</div>

Name of Person Filing THOMAS WHITE	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name SOUTHERN NEVADA LABORERS LOCAL 872 PENSION A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street 526 S. TONOPAH DRIVE, SUITE 200</p> <p>City LAS VEGAS</p> <p>State Nevada ZIP Code + 4 89106</p>	<p>14.a. Nature of payment.</p> <p>04/12/04 REIMBURSEMENT FOR LIUNA TRI FUND, AIR FARE, CAR RENTAL, HOTEL, DAILY EXPENSE.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p align="right">\$234</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name SOUTHERN NEVADA LABORERS LOCAL 872 PENSION A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street 526 S. TONOPAH DRIVE, SUITE 200</p> <p>City LAS VEGAS</p> <p>State Nevada ZIP Code + 4 89106</p>	<p>14.a. Nature of payment.</p> <p>01/03/04 PAID DIRECTLY TO CHATEAU SONEST ROOM DEPOSIT NEW ORLEANS CONFERENCE.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p align="right">\$983</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name SOUTHERN NEVADA LABORERS LOCAL 872 PENSION A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street 526 S. TONOPAH DRIVE, SUITE 200</p> <p>City LAS VEGAS</p> <p>State Nevada ZIP Code + 4 89106</p>	<p>14.a. Nature of payment.</p> <p>10/19/04 PAID DIRECTLY TO THE IFEBP, HAWAII CONFERENCE & HOTEL DEPOSIT.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p align="right">\$642</p>

Name of Person Filing THOMAS WHITE	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 PENSION B Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 01/13/04 REIMBURSEMENT FOR IFEBP SAN DIEGO, AIR FARE, CAR RENTAL, HOTEL, DAILY EXPENSE.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$36

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 PENSION B Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 01/13/04 ADVANCE FOR ORLANDO FLORIDA CONFERENCE.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$10

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 PENSION B Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 04/12/04 REIMBURSEMENT FOR LIUNA TRI FUND, AIR FARE, CAR RENTAL, HOTEL, DAILY EXPENSE.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$10

Name of Person Filing THOMAS WHITE	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 PENSION B Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 10/19/04 PAID DIRECTLY TO THE IFEBP, HAWAII CONFERENCE & HOTEL DEPOSIT.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$26</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 VACATION Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 01/13/04 REIMBURSEMENT FOR IFEBP SAN DIEGO, AIR FARE, CAR RENTAL, HOTEL, DAILY EXPENSE.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$55</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 VACATION Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 01/13/04 ADVANCE FOR ORLANDO FLORIDA CONFERENCE.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$15</div>

Name of Person Filing THOMAS WHITE	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 VACATION Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 04/12/04 REIMBURSEMENT FOR LIUNA TRI FUND, AIR FARE, CAR RENTAL, HOTEL, DAILY EXPENSE.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$14</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 VACATION Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 10/19/04 PAID DIRECTLY TO THE IFEBP, HAWAII CONFERENCE & HOTEL DEPOSIT.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$39</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 TRAINING Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street 526 S. TONOPAH DRIVE, SUITE 200 City LAS VEGAS State Nevada ZIP Code + 4 89106	14.a. Nature of payment. 01/13/04 REIMBURSEMENT FOR IFEBP SAN DIEGO, AIR FARE, CAR RENTAL, HOTEL, DAILY EXPENSE.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$55</div>

Name of Person Filing THOMAS WHITE	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name SOUTHERN NEVADA LABORERS LOCAL 872 TRAINING</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 526 S. TONOPAH DRIVE, SUITE 200</p> <p>City LAS VEGAS</p> <p>State Nevada ZIP Code + 4 89106</p>	<p>14.a. Nature of payment.</p> <p>01/13/04 ADVANCE FOR ORLANDO FLORIDA CONFERENCE.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p align="right">\$15</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name SOUTHERN NEVADA LABORERS LOCAL 872 TRAINING</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 526 S. TONOPAH DRIVE, SUITE 200</p> <p>City LAS VEGAS</p> <p>State Nevada ZIP Code + 4 89106</p>	<p>14.a. Nature of payment.</p> <p>04/12/04 REIMBURSEMENT FOR LIUNA TRI FUND, AIR FARE, CAR RENTAL, HOTEL, DAILY EXPENSE.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p align="right">\$14</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name SOUTHERN NEVADA LABORERS LOCAL 872 TRAINING</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 526 S. TONOPAH DRIVE, SUITE 200</p> <p>City LAS VEGAS</p> <p>State Nevada ZIP Code + 4 89106</p>	<p>14.a. Nature of payment.</p> <p>10/19/04 PAID DIRECTLY TO THE IFEBP, HAWAII CONFERENCE & HOTEL DEPOSIT.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p align="right">\$39</p>

Name of Person Filing THOMAS WHITE	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name OBA MIDWEST, LTD.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 526 S. TONOPAH DRIVE, SUITE 200

City LAS VEGAS

State Nevada ZIP Code + 4 89106

14.a. Nature of payment.

12/03/04 DINNER DURING IFBEC IN NEW ORLEANS.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name OBA MIDWEST, LTD.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 526 S. TONOPAH DRIVE, SUITE 200

City LAS VEGAS

State Nevada ZIP Code + 4 89106

14.a. Nature of payment.

06/24/04 DINNER WHILE IN SEATTLE DISCUSSING TRUST FUND ISSUES.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$114

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name OBA MIDWEST, LTD.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 526 S. TONOPAH DRIVE, SUITE 200

City LAS VEGAS

State Nevada ZIP Code + 4 89106

14.a. Nature of payment.

02/13/04 DISCUSSED ADMINISTRATION IMPROVEMENTS AND CHANGES AT DINNER.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$100

Name of Person Filing THOMAS WHITE	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name OBA MIDWEST, LTD.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street 526 S. TONOPAH DRIVE, SUITE 200</p> <p>City LAS VEGAS</p> <p>State Nevada ZIP Code + 4 89106</p>	<p>14.a. Nature of payment.</p> <p>01/21/04 DINNER WHILE IN ORLANDO FOR THE LABORERS TRI FUND CONFERENCE.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p align="right">\$110</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name OBA MIDWEST, LTD.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street 526 S. TONOPAH DRIVE, SUITE 200</p> <p>City LAS VEGAS</p> <p>State Nevada ZIP Code + 4 89106</p>	<p>14.a. Nature of payment.</p> <p>06/17/04 DINNER TO DISCUSS TRUST FUND ADMINISTRATION.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p align="right">\$110</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name LABORERS EMPLOYERS COOPERATION & EDUCATION</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street 905 16TH STREET, NW</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code + 4 20006-1765</p>	<p>14.a. Nature of payment.</p> <p>01/18/04 RECEPTION-TRI-FUND CONFERENCE.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p align="right">\$104</p>

Name of Person Filing THOMAS WHITE

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name LABORERS' HEALTH & SAFETY FUND OF N. AMERICA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH STREET, NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006-1765

14.a. Nature of payment.

06/23/04 LECET FUNDS PROGRAMS DINNER.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$46

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name LABORERS' HEALTH & SAFETY FUND OF N. AMERICA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH STREET, NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006-1765

14.a. Nature of payment.

07/12/04 DINNER AT TRI-FUNDS CONFERENCE.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.